

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 028 ***150.00

DOCUMENT # P00000010996

1. Entity Name

INTERNET ISLE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

118 Duval St.
Suite, Apt. #, etc.

3. Mailing Address

926 Truman Ave.
Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-0977355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Albert L. Kelley

Street Address (P.O. Box Number is Not Acceptable)

926 Truman Ave.

City

Key West

FL

Zip Code

33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Nicole Swedlow
STREET ADDRESS	118 Duval St.
CITY-ST-ZIP	Key West, FL 33040
TITLE	S/T
NAME	Jeff Davis
STREET ADDRESS	118 Duval St.
CITY-ST-ZIP	Key West, FL 33040
TITLE	
NAME	
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-02

Date

305 293 1199

Daytime Phone #

CR2E034B (12/01)